PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

CLAMC AC STATE								10729476					
	- · · · · · · · · · · · · · · · · · · ·		S FILED - PART ((Column 1)		(Column 2)			SMALL I	ENTITY	O.P.	OTHE SMALL	RTHAN	
TOTAL CLAIMS			28				7	RATE	FEE	7	RATE	_	
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC FE		OR	BASIC FEI	FEE 770.00	
TOTAL CHARGEABLE CLAIMS			28 minus 20=		• 8		1	X\$ 9=	1	1		1	
INDEPENDENT CLAIMS			⚠ minus 3 =		• ,		1		72	OR			
MULTIPLE DEPENDENT CLAIM PR							1	X43=	4.3	OR	X86=		
<u></u>	li the difference	o in only				<u> </u>	J	+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	500	OR	TOTAL		
	(_	MENDED - PART II						•	_	OTHER		
		(Column 1)		(Colum		2) (Column 3)		SMALL	ENTITY	OR	SMALL		
ENTA		REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	• 28	Minus	** 28	7	- Ø		X\$ 9=		OR	X\$18=		
	Independent	• 4	Minus	eee L	/	= 0	lt	X43=	1		X86=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								\	OR	-NO02	· ·	
							L	+145=		OR	+290=		
•		A	TOTAL DDIT. FEE		OR,	TOTAL ODIT, FEE	<u>.</u>						
		(Column 1)		(Column 3)	۱ -		<u>· . </u>	,					
MENDIMENT B		REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	. [RATE	ADDI- TIONAL FEE	
NO.	Total	•	Minus	**		.	lΓ	X\$ 9=		OR	X\$18=		
3 1	Independent		Minus	***				X43=		OR	X86=		
_	rinai Prese	NTATION OF MUI	LTIPLE DEP	ENDENT C	MIAL			+145=			+290=		
										OR	TOTAL		
										OR A	DOIT. FEE		
7	\ \ \	(Column 1)		(Column		Column 3)	_						
		REMAINING AFTER AMENDMENT	·	HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	\cdot [RATE.	ADDI- TIONAL FEE	
	Total	•	Ainus	**		. /		X\$ 9=		OR	X\$18=		
	Independent		Alinus .	***			-	X43=		~``F	X86=)-	
1	FIRST PRESE	-	~~~ <u>~</u>	<u></u>	OR	~~~ <u> </u>							
If the entry in column 1 is less than the entry in column 2, write "O" in column 3.									(OR	+290=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE										OR A	TOTAL DOT, FEEL		
T	he "Highest Numi	ber Previously Peld	For (Total or I	independent	is the h	ghest number	found	in the appr	opriale box	in colur	nn 1	- 1	
					•								